

Member Exit Claim Form

Please select your Fund (x)	SUPERANNUATION		RETIREMENT		PROVIDENT	
Title Surname & Initials ID Number Member Number Municipality Date of Exit Home Phone Cell Phone Income Tax Number Email Address	Y Y Y Y - M M -	D D	Resignation Retrenchment Transfers Normal Retireme COMPLETE THIS SECTION Members leaving the service of another lost BENEFIT PAYABLE On exiting your cure employment of another JOINT MUNICION Yes	DN IF MOVING service of a loc cal authority, SI IN TERMS OF T rent municipalit her municipalit PAL PENSIONS/	Early Retirement Dismissal III Health G TO ANOTHER MUNICIFIED TO A THE FUNDS REGULATIONS. To the FUNDS REGULATIONS. To the FUNDS REGULATIONS. To the FUNDS REGULATIONS. To the FUNDS?	PALITY
Postal Address			Residential Addr		e of Municipality below:	
Bank Account Holder Account Number Branch Code						
PLEASE ATTACH A COPY OF	A BANK STATEMENT STAMPE	D BY THE BANK	AS WELL AS A COPY C	F YOUR ID	ENTITY DOCUMENT	
	Other instruction	s:(eg:Transfer	funds to annuity)			
Member Signature		W	/itness Signature			
Date	Y Y Y Y - M M -	D D D	ate	YYY	Y - M M - [D D

Notes

- It is compulsory to complete all fields.
- Incomplete Exit Claim Forms may be rejected and a benefit will remain unpaid until all required information is provided.
- The Fund reserves the right to request additional information.
- Exit benefits are payable in terms of the applicable regulations.